

Values and leadership

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In the face of bureaucratic change and low staff morale, what can medical institutions learn from the commercial sector? Using their experience in working closely with both medical and commercial organisations, the authors consider the role of values and what leaders in the medical world need to do to put values into practice

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Values are deeply held views that act as guiding principles for individuals and organisations. When they are declared and followed they are the basis of trust. When they are left unstated they are inferred from observable behaviour. When they are stated and not followed trust is broken. In this paper we explore the place of values in two contexts: values that underpin the work of "good doctors" and values that define what medical organisations stand for. For the past 20 years we have worked closely with medical organisations and commercial organisations; we will draw from both worlds in considering the impact of values on an organisation's performance and on its members.

Values in the commercial world

Values have recently become more prominent in the commercial world. Research in business organisations is notoriously poor, because it often uses little other than correlational evidence, without any controls or attempts to establish causality. Nevertheless, several studies over the past decade have indicated how powerful an organisation's values can be in improving its performance. Three such studies are worth considering here.

Waterman studied nine companies that satisfied three criteria.¹ They had to have a statement of their company values; to have mechanisms in place to ensure that they put the values into practice; and to have been in existence for more than 25 years. The share price of these nine companies had outperformed that of the Dow Jones industrial average by 350%.

Collins and Porras analysed why a number of companies had outperformed their competitors over many years.² They considered several possibilities but showed that the companies that were successful in the long term were strongly oriented to values. They had a strongly ethical culture that supported predetermined and declared values. The authors also pointed out that to have a beneficial effect a company's values had to be discovered rather than created. No "designer" values would do; values had to be real and credible. They had to be embodied in the very fabric of the organisation—in its systems, processes, practices, and rewards, not just in its annual report or on wallet cards carried by the company's officers.

Summary points

Values act as guiding principles for individuals and organisations

Commercial companies that take their values seriously tend to outperform their competitors

Medical organisations rarely declare their values, which can leave their members unclear about what the organisation stands for

Medical morale is low, and leadership is required that describes the vision that organisations are working towards and the values that will guide the journey

O'Reilly and Pfeffer compared the performance of eight companies that had superior results in their sector with the performance of similar companies, matched on size and industry sector.³ The more successful companies had an approach to leadership that was based on values. As the authors put it, "The most visible characteristics that differentiate the companies we have described from others are their values and the fact that the values come first, even before stock price." Their values acted as guiding principles that helped them make crucial and difficult decisions.

Cynics may scoff at commercial organisations that purport to focus so strongly on values, but the organisations cited by O'Reilly and Pfeffer align all their internal processes with their values—from recruitment to induction, to reward and recognition, and to the regular tracking of their culture and credibility.³ Indeed, the authors emphasise that you do not get partial benefit from partial alignment. Alignment acts exponentially, not arithmetically, so these organisations devote much time to its pursuit. They do not seek to prioritise their values: they aim to function in such a way that all their values are shown, and they work hard to resolve clashes of values. In this way they build trust, motivation, and commitment.

Box 1: Values of one commercial company

Innogy plc is one of the United Kingdom's leading energy businesses. Its values:

- Innovation
- Leadership
- Trust
- Commercial excellence
- Working together

These values form the basis of its performance management system. Reward of managers' performance depends on their achieving business targets and on promoting the values through their everyday working practices. In this way, the company believes it is balancing short term performance and sustainable performance in the longer term.

Box 2: General Medical Council's principles for good medical practice

Examples of the "duties of a doctor":

- Make the care of your patient your first concern
- Treat every patient politely and considerately
- Respect patients' dignity and privacy
- Listen to patients and respect their views
- Keep your professional knowledge and skills up to date
- Be honest and trustworthy
- Work with colleagues in ways that best serve your patients' interests

Values in the healthcare world

The twin themes in medical care are science and caring, as encapsulated by the motto of the Royal College of General Practitioners ("Cum scientia caritas"). The rigorous pursuit of knowledge, skills, and research excellence is valued alongside the essential humanity of the medical practitioner who responds to need with care and compassion.

Medical bodies are perfused with values, yet they tend to emphasise their standards. Standards and values are similar in many ways. Both are most powerful when they are declared. Both act as guiding principles. Values state what is important; standards state what is good or acceptable. Values tend not to vary, whereas standards—both the current standards that have been achieved and what is regarded as acceptable standards—may well vary.

Crucially, values are inextricable from vision. For an organisation to be well led, it needs a big idea to define its purpose. Its values must be clearly articulated—thus it states unambiguously what it stands for and the guiding principles it will use in making decisions and governing its affairs. It may even be that it is more important for an organisation to know what it stands for than where it is going, as the former will not change whereas the latter will change regularly in response to the issues of the day.⁴

Which healthcare organisations and professional bodies have stated their vision and values? The values of many healthcare organisations are like the British constitution: found in many places rather than drawn

together. Some statements relate to values of the medical practitioner that need to be promoted, such as the principles set out by the General Medical Council (box 2) and the Royal College of General Practitioners (box 3).^{5,6} It is harder to find statements of the values of institutions themselves. In the US Declaration of Independence of 1776 the truths that were held to be self evident were still drawn together and clearly articulated. If we are to release the potential motivating power of the vision and values in action, it may be time to articulate the values of our organisations more explicitly.

Why do we need to be concerned with values now?

There are two major reasons for us to concern ourselves with values now. The first is overwhelmingly positive. When we search our experiences to find examples of medical care at its best, we will discover tales of values in action. We will see care, expertise, insight, communication, and extraordinary effort. Espousing and serving values such as these dignifies both the doctor and the patient. These examples form a contrast to the second reason, which is negative.

Over the past few years we have seen a dramatic decline in morale and motivation among providers of health care. A recent survey of general practitioners by the British Medical Association showed that the current shortage of general practitioners was set to worsen, as 40% of the youngest doctors wanted to reduce their hours of work in the next five years and most doctors in their 20s intended to retire early.⁷ More depressing, however, was that two thirds of the respondents said that morale was low or very low, and a similar proportion said that morale was currently lower than it had been five years ago. Nearly half would not recommend general

Box 3: "What Sort of Doctor?" (Royal College of General Practitioners, 1985)

Nine value statements (in their original form):

- The doctor tries to render a personal service which is comprehensive and continuing
- In his practice arrangements he balances his own convenience against that of his patients, takes into account his responsibility to the wider practice community, and is mindful of the interests of society at large
- He accepts the obligation to maintain his own mental and physical health
- He puts a high value on communication skills
- He subjects his work to critical self-scrutiny and peer review, and accepts a commitment to improve his skills and widen his range of services in response to newly disclosed needs
- He recognises that researching his discipline and teaching others are part of his professional obligations
- He sees that part of his professional role is to bring about a measure of independence: he encourages self-help and keeps in bounds his own need to be needed
- His clinical decisions reflect the true long-term interests of his patients
- He is careful to preserve confidentiality

practice to an undergraduate or junior doctor. More than 80% found that work related stress was excessive, and 20% found it unmanageable.

The situation is not confined to general practice. "Morale is at an all time low" has become almost an annual evaluation of today's NHS. Resource constraints are often cited as the main reason. What is less often recognised is that doctors have been increasingly forced to work in ways that interfere with—even compromise—the values they hold most dear. This alone causes great distress, since our core values are touchstones by which we live and work. They do not change simply because new government directives tell us to do things differently.

Most doctors have entered medicine to care for patients. Their values are concerned with maintaining high standards of care—with doing the best for the patient without the constraints of waiting list targets or balance sheets. They perceive that managers of healthcare organisations may have a different agenda—a difference that is referred to as an "ethos gap" and that is often at the root of conflict between managers and clinicians or indeed within healthcare teams.⁸ When team relationships work well and morale is high, it is often because the team members share similar values; and these, in turn, are invariably modelled right at the top of the organisation—through the leadership.

At times of great change or stress, people and institutions often revisit their core values. This may be why we have seen a resurgence of publications about professional values in the past three years. One of the most powerful was Clever's "call to renew"—a plea to try to "restore the enthusiasm and resilience of early years."⁹ She identifies several key touchstones: excellence, kindness, integrity, and loving relationships.

Earlier this year Jones wrote of the decline of altruism and the erosion of open and honest dialogue between doctors and patients as medicine "has become more complex, fragmented, episodic, and impersonal."¹⁰ He suggested that the conditions that encourage clinicians to stay in their posts are not dissimilar to those that are needed for the development of altruistic behaviours. Employers ignore such professional and clinical values at their peril. If doctors and nurses can no longer exercise altruism and other

Box 4: The physician charter

The charter outlines three fundamental principles for medical professionalism in the new millennium:

- Primacy of patient welfare
- Patient autonomy
- Social justice

deeply held professional values they will neither join nor stay in their profession. The increasing difficulty in recruiting general practitioners, for example, is testament to this, as doctors are less willing to subjugate their family values to the demands of work. Similar concerns about an increasing "deprofessionalisation" of medicine have been eloquently expressed by Pereira Gray, raising yet again the profile of this area of debate.¹¹

The physician charter

One of the most significant restatements of professionalism is the physician charter (box 4), a joint publication between the United States and Europe declaring a set of commitments that underpin professional relationships between doctor, patient and public.¹² The challenge posed by the charter is "to live by these precepts and to resist efforts to impose a corporate mentality on a profession of service to others." A similar clarion call is issued by Marshall and Roland in response to the new general practitioner contract: "If we can respond to the challenges of the new contract without losing our core values then we will be providing primary care that will truly be the envy of the world."¹³

The values of medical practitioners clearly have an impact on their work and motivation. They know what the values stand for and how they apply to their professional lives. They may be less clear about what their professional organisations stand for. This poses a major challenge to the leadership in medical care.

The leadership challenge

Leadership begins by defining a purpose: a compelling future that we are all trying to create and the values that will guide our actions along the way. Leadership re-examines the procedures that organisations follow and ensures that these procedures fully reflect the organisation's vision and values—that they prepare it for its future challenges, rather than merely reflect its former glories. On these bases it builds an aligned community of likeminded and committed individuals who encourage one another towards their aims. Leadership inspires and then focuses effort so that motivation is not dissipated wastefully. Leaders help organisations to articulate their values and make the tough choices needed to put the values into practice.

The medical professions and their professional bodies have a proud and outstanding history, reflected in their traditions and standards. They are currently experiencing a crisis of confidence and uncertainty. One response in these circumstances would be to seek to recreate the past, re-establishing their former status and approaches. Another would be to redefine their



Groucho Marx: "These are my principles. If you don't like them I have others"

purpose, vision, and values, involving their members in defining their future and the guiding principles that they will use in its pursuit. In our view, the latter is the preferred course of action.

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WHO in 2002

Interview with Gro Brundtland

Gavin Yamey

On the day after Gro Brundtland announced that she would not stand for a second term as WHO's leader, Gavin Yamey interviewed her in Geneva

Gro Brundtland, an "energetic blend of doctor, manager, politician, and international activist,"¹ became WHO's director general in July 1998. After a decade of decline for WHO, many people hoped that she would be the organisation's saviour. She certainly had the credentials for the job—a former public health physician, prime minister of Norway, and chair of the World Commission on Environment and Development.

On 23 August this year, Brundtland shocked the global health community by announcing that she would stand down after only one term. I interviewed her in Geneva immediately after the announcement, on the day that she was leaving for the world summit on sustainable development in Johannesburg; what follows is an edited transcript of the interview.

Achievements

Gavin Yamey: You came into office with a clear mandate to reform an ailing organisation. How successful do you feel that you have been?

Gro Brundtland: I think we have managed to do a lot. I did spell out my vision before I was nominated. One of the main things that I said was that we need to anchor health firmly on the political and development agenda. Health was sidetracked, and I knew that if it continued like that it would not become an integrated part of development thinking. People cannot move out of poverty when they are unhealthy. I needed to move the global health agenda much more closely to the development debate, on to the tables of prime ministers and development and finance ministers, not just health ministers.

Doing this involves not just reaching the minds of people who have decision-making power in the broader fields of economics and politics, but also increasing the evidence base so that you have convincing arguments. And to move health towards the development agenda, you need to reach out to other partners, which was another part of my profile. The

goal is improving health and development, and it is what governments, civil society, and development partners do together that we need to measure.

Partnerships

GY: You have championed public-private partnerships for health. How is WHO performing as a partner?

GB: We are doing a good job by being the centre of competence, shared experience, and knowledge about what works and what doesn't. WHO is the scientific and expert organ that can give quality opinion about the evidence base, guidelines, norms, and standards, because that is really our core function. All the other

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